

State of Iowa

Retiree Benefit Plans

Medicare Secondary Examples

Plan N is a **Medicare Supplement** plan, meaning it is a plan to help pay for some of the costs original Medicare does not pay, like Deductibles, Copays or Coinsurance. Generally, it does not pay for additional services above and beyond what Medicare allows. These plans are designed specifically for Medicare participants, and are only offered to those participating in Medicare.

Blue Access, Iowa Select, and Program 3+ are **Medicare Carveout** plans, meaning it fills the gap between what Medicare paid and what the plan would have paid if you did not have Medicare. You have the same coverage as an active employee when you have these plans.

Office Visit \$100 Charge

(Medicare and Wellmark allow \$100)

	Medicare Pays	Wellmark Pays	You Pay
Blue Access	\$80	\$20 (applies the \$10 office copay to member's out-of-maximum)	-\$0-
Iowa Select	\$80	\$20	-\$0-
Program 3+	\$80	\$20	-\$0-
Plan N	\$80	-\$0-	\$20

Outpatient Surgery \$1,000 Charge

(Medicare allows \$1,000 and Wellmark allows \$200)

	Medicare Pays	Wellmark Pays	You Pay
Blue Access	\$800	\$200	-\$0-
Iowa Select	\$800	-\$0-	\$200
Program 3+	\$800	\$200	-\$0-
Plan N	\$800	\$200	-\$0-

Assumptions:

- The member has not met Part A deductible.
- The member has met Part B deductible.
- The member has not any applicable Wellmark Deductibles or Out of Pocket Maximums.

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Physical Therapy/Outpatient Rehab \$200 Charge

(Medicare allows \$200 and Wellmark allows \$200)

	Medicare Pays	Wellmark Pays	You Pay
Blue Access	\$160	\$40 (applies the \$10 OP copay to member's OPM)	-\$0-
Iowa Select	\$160	-\$0-	\$40
Program 3+	\$160	\$32	\$8
Plan N	\$160	\$40	-\$0-

Inpatient Hospital visit \$10,000 Charge (hospital services only)

(Medicare allows \$10,000 and Wellmark allows \$10,000)

	Medicare Pays	Wellmark Pays	You Pay
Blue Access	\$6,992	\$3,008 (Part A deductible plus Medicare Coinsurance)	-\$0-
Iowa Select	\$6,992	\$2482.20	\$525.80 (\$250 deductible + \$275.80 coinsurance)
Program 3+	\$6,992	\$2,466.40	\$541.60 (\$300 deductible + \$241.60 coinsurance)
Plan N	\$6992	\$3,008 (Part A deductible plus Medicare Coinsurance)	-\$0-

*The above examples are very high level and show the basic member cost differences.

*Very important to remember there are many different factors that will affect how a member's claims process, including the coordination of benefits rules – for example, if Wellmark's maximum allowable fee is less than or equal to Medicare's allowed amount, Wellmark will not allow any additional payment as a secondary payor.

Assumptions:

- The member has not met Part A deductible.
- The member has met Part B deductible.
- The member has not any applicable Wellmark Deductibles or Out of Pocket Maximums.